

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (2/99)
Approved for use through 09/30/2000. OMB 0551-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

PMX 074

First Inventor or Application Identifier

Min-Chen Hsu

Title

Supporting apparatus

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **8**]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **2**]
4. ☒ Oath or Declaration [Total Pages **3**]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (use only if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired
(PTO/SB/09-12)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:

* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION

, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. _____

Prior application information Examiner _____

Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name

Winston Hsu

Address

3F, No. 52, Lane 46, Min-Sheng Road,
Yung-Ho City, Taipei Hsien, Taiwan, R.O.C.

City

State

Zip Code

Country

Taiwan, R.O.C.

Telephone

886-2-29483200

Fax

886-2-29486200

Name (Print/Type)

Winston Hsu

Registration No.

(Attorney/Agent)

41,526

Signature

Winston Hsu

Date

6/8/1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/08-12
See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT

(\$) 800

Complete if Known

Application Number

Filing Date

First Named Inventor

Min-Chen Hsu

Examiner Name

Group / Art Unit

Attorney Docket No.

PMX 014

METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name☐ Charge Any Additional
Fee Required Under
37 C.F.R. §§ 1.16 and 1.17☐ Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance

- 2.
- ☒
- Payment Enclosed:

☐ Check☒ Money
Order☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

101 790 201 395 Utility filing fee

106 330 206 165 Design filing fee

107 540 207 270 Plant filing fee

108 790 208 395 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

760

SUBTOTAL (1)

(\$) 760

2. EXTRA CLAIM FEES

Total Claims	10	- 20** =	0	X	Fee from below	=	0
Independent Claims	1	- 3** =	0	X	Fee from below	=	0
Multiple Dependent					Fee from below	=	

**or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

103 22 203 11 Claims in excess of 20

102 82 202 41 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 82 209 41 ** Reissue independent claims
over original patent110 22 210 11 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2)

(\$) 0

FEE CALCULATION (continued)**3. ADDITIONAL FEES**Large Entity Small Entity
Fee Fee Fee Fee
Code (\$) Code (\$) Code (\$)

105 130 205 65

127 50 227 25

139 130 139 130

147 2,520 147 2,520

112 920* 112 920*

113 1,840* 113 1,840*

115 110 215 55

116 400 216 200

117 950 217 475

118 1,510 218 755

128 2,060 228 1,030

119 310 219 155

120 310 220 155

121 270 221 135

138 1,510 138 1,510

140 110 240 55

141 1,320 241 660

142 1,320 242 660

143 460 243 225

144 670 244 335

122 130 122 130

123 50 123 50

126 240 126 240

581 40 581 40

146 790 246 395

149 790 249 395

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 40

SUBMITTED BYTyped or
Printed Name

Winston Hsu

Signature

Winston Hsu

Date

6/8/99

Complete (if applicable)

Reg. Number

41,526

Deposit Account
User ID

Burden Hour Statement: This form is estimated to take 02 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NUMBER	PATENT NUMBER	GROUP ART UNIT	FILE WRAPPER LOCATION
09/330,034		2833	9200 D 10062 1040 104

Change of Address/Power of Attorney

The following fields have been set to Customer Number 27765 on 03/01/2005

- Correspondence Address
- Power of Attorney
- Maintenance Fee Address

The address of record for Customer Number 27765 is:
NORTH AMERICA INTERNATIONAL PATENT OFFICE (NAIPC)
P.O. BOX 506
MERRIFIELD, VA 22116

The Practitioners of record for Customer Number 27765 are:

PTO INSTRUCTIONS:

Please take the following action when the correspondence address has been changed to a customer number:

- 1) Add 'ADDRESS CHANGE TO CUSTOMER NUMBER' on the next available content line of the File Jacket.
- 2) Put a line through the old address on the File Jacket and enter the Customer Number as the new address.
- 3) File this Notice in the File Jacket.

Please take the following action when the correspondence address has NOT been changed:

- 1) File this Notice in the File Jacket